FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H51734

1. Corporation Name

NICK MILLER, INC.

Principal Place of Business	Mailing Address
2560 RCA BLVD..STE.105 PALM BCH.GARDENS FL 33410	2560 RCA BLVD..STE.105 PALM BCH.GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/11/1985

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **59-2545213**	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☑	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip [24] / Country [25]	Zip [29] / Country [30]	8. This corporation owes the current year Intangible Personal Property Tax. ☑Yes ☐No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MILLER, NICHOLAS D. 18274 S.E. RIDGE VIEW DRIVE TEQUESTA FL 33469	81 Name		
	82 Street Address (P.O. Box Number Is Not Acceptable)		
	83		
	84 City	**FL**	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **PD**	☐ DELETE		1.1 TITLE **P**	☒ Change	☐ Addition
NAME **MILLER, NICHOLAS D.**			1.2 NAME Miller, Nicholas D.		
STREET ADDRESS **18274 S.E. RIDGE VIEW DR**			1.3 STREET ADDRESS 18274 SE Ridgeview Drive		
CITY-ST-ZIP **TEQUESTA FL**			1.4 CITY-ST-ZIP Tequesta, FL 33463		
TITLE **STV**	☐ DELETE		2.1 TITLE V	☐ Change	☒ Addition
NAME **MILLER, NICHOLAS D.**			2.2 NAME Gordon, Stephen M.		
STREET ADDRESS **18274 S.E. RIDGE VIEW DR**			2.3 STREET ADDRESS 5810 LaGorce Circle		
CITY-ST-ZIP **TEQUESTA FL**			2.4 CITY-ST-ZIP Lake Worth, FL 33463		
TITLE	☐ DELETE		3.1 TITLE V	☐ Change	☒ Addition
NAME			3.2 NAME Rager, Gary A.		
STREET ADDRESS			3.3 STREET ADDRESS 17031 130th Ave., North		
CITY-ST-ZIP			3.4 CITY-ST-ZIP Jupiter, FL 33478		
TITLE	☐ DELETE		4.1 TITLE S	☐ Change	☒ Addition
NAME			4.2 NAME Huls, Graham C.		
STREET ADDRESS			4.3 STREET ADDRESS 9576 171 Road, North		
CITY-ST-ZIP			4.4 CITY-ST-ZIP Jupiter, FL 33478		
TITLE	☐ DELETE		5.1 TITLE T	☐ Change	☒ Addition
NAME			5.2 NAME Rifenburgh, Erich W.		
STREET ADDRESS			5.3 STREET ADDRESS 616 Seafarer Circle, #204		
CITY-ST-ZIP			5.4 CITY-ST-ZIP Jupiter, FL 33478		
TITLE	☐ DELETE		6.1 TITLE D	☐ Change	☒ Addition
NAME			6.2 NAME Miller, Samuel D.		
STREET ADDRESS			6.3 STREET ADDRESS 9311 SE Duncan Street		
CITY-ST-ZIP			6.4 CITY-ST-ZIP Hobe Sound, FL 33455		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Signature Required_ PRESIDENT   3-15-99   561-627-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)